Image# 11971740143 PAGE 1 / 39

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

, , , , , , , , , , , , , , , , , , ,	For Other Than An Auth	iorizea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Americas Health Insur	ance Plans PAC (AHI	P PAC)	
<u> </u>			
ADDRESS (number and street)	601 Pennsylvania Avenue, N	W	
Check if different	South Building, Suite 500		
than previously reported. (ACC)	Washington		DC 20004 -
2. FEC IDENTIFICATION NU	UMBER ▼ CITY	Y 🛦	STATE ▲ ZIP CODE ▲
C C00106740	3. IS	THIS X NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5)	(Non-Election Year Only)
(a) Quarterly Reports:	Mar :	20 (M3) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7)	X Oct 20 (M10) Jan 31 (YE)
Quarterly Report (C	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (C January 31 Year-End Report (Y	Floation	n on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the: Election	M M M / D D /	in the State of
5. Covering Period 09		through 09	30 / 2011
I certify that I have examined th	nis Report and to the best of	my knowledge and belief it is tr	ue, correct and complete.
Type or Print Name of Treasure	Charles W. Stellar		
Signature of Treasurer Char	eles W. Stellar	[Electronically Filed]	Date 10 / 20 / 2011
NOTE: Submission of false, erron	eous, or incomplete information	may subject the person signing	his Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 09 01 2011 To: 09 30 2011

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2011		100661.07				
	(b) Cash on Hand at Beginning of Reporting Period	67063.35					
	(c) Total Receipts (from Line 19)	8660.46	169830.69				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75723.81	270491.76				
7.	Total Disbursements (from Line 31)	18623.88	213391.83				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57099.93	57099.93				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

ther than loans) From: Persons Other cal Committees d (use Schedule A)	8381.78 278.68 3660.46 0.00 0.00 0.00 0.00 0.00 0.00	103404.10 8926.59 112330.69 0.00 57500.00 169830.69 0.00 0.00
cal Committees d (use Schedule A)	278.68 8660.46 0.00 0.00 8660.46 0.00	8926.59 112330.69 0.00 57500.00 169830.69 0.00
d (use Schedule A)	278.68 8660.46 0.00 0.00 8660.46 0.00	8926.59 112330.69 0.00 57500.00 169830.69 0.00
ized	278.68 8660.46 0.00 0.00 8660.46 0.00	8926.59 112330.69 0.00 57500.00 169830.69 0.00
(add 1(a)(i) and (ii)	8660.46 0.00 0.00 8660.46 0.00 0.00	112330.69 0.00 57500.00 169830.69 0.00
arty Committees	0.00 0.00 8660.46 0.00	0.00 57500.00 169830.69 0.00
rrty Committees	0.00 0.00 8660.46 0.00	0.00 57500.00 169830.69 0.00
ibutions (add Lines ibutions (add Lines o), and (c)) (Carry ne 33, page 5) Affiliated/Other es ived ints Received rating Expenditures tes, etc.)	0.00 8660.46 0.00	57500.00 169830.69 0.00
ACs)	8660.46 0.00 0.00	169830.69 0.00 0.00
ibutions (add Lines b), and (c)) (Carry ne 33, page 5)	8660.46 0.00 0.00	169830.69 0.00 0.00
o), and (c)) (Carry ne 33, page 5) Affiliated/Other es ived rating Expenditures tes, etc.)	0.00	0.00
ne 33, page 5)	0.00	0.00
Affiliated/Other es ived ints Received rating Expenditures tes, etc.)	0.00	0.00
ived	0.00	0.00
nts Received rating Expenditures tes, etc.)	0.00	0.00
nts Received rating Expenditures tes, etc.)		
nts Received rating Expenditures tes, etc.)	0.00	0.00
rating Expenditures tes, etc.)	0.00	0.00
rating Expenditures tes, etc.)		7 7
tes, etc.)		
· · · · · · · · · · · · · · · · · · ·		
	0.00	0.00
tributions Made		
didates and Other		
ttees	0.00	0.00
		7
·	0.00	0.00
		7
Account	 	
	0.00	0.00
(from Schedule H5)	0.00	0.00
,		
ers (add 18(a) and 18(b))	0.00	0.00
	Receipts Irest, etc.) Non-Federal and Levin Funds I Account Edule H3) Is (from Schedule H5) It (add Lines 11(d),	Receipts Prest, etc.)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date			
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Carolinai Tour to Buto		
	(i) Federal Share	0.00	0.00		
	()				
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating	123.88	1141.83		
	Expenditures(c) Total Operating Expenditures	123.00	1141.00		
	(add 21(a)(i), (a)(ii), and (b))▶	123.88	1141.83		
	Transfers to Affiliated/Other Party				
	Contributions to	0.00	2500.00		
	Contributions to Federal Candidates/Committees and Other Political Committees	18500.00	207500.00		
	Independent Expenditures	0.00	0.00		
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	(use seriedule i)				
	Loan Repayments Made	0.00	0.00		
	Loans Made Refunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	man i ontical committees	0.00			
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees				
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
	Other Disbursements	0.00	2250.00		
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	ï		0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely	0.00	0.00		
	With Federal Funds	0.00	3.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	VIVI VIVI STATES				
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18623.88	213391.83		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	18623.88	213391.83		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8660.46	169830.69
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8660.46	169830.69
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	123.88	1141.83
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	123.88	1141.83

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF 39

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Robert Price Atkinson Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Deputy Press Secretary Aggregate Year-to-Date 343.75	Date of Receipt 99 15 2011 Transaction ID: 2011091516728-1 Amount of Each Receipt this Period 31.25
Full Name (Last, First, Middle Initial) Robert Price Atkinson Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Deputy Press Secretary Aggregate Year-to-Date ▼ 343.75	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	187.50
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED**

FOR LINE NUMBER: PAGE 7 OF

RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	eck only 11a 13	or	ne) 11b 14	11c	12		11	7
copied from such Reports and Statements ma	av not be sold or used by any pe	rson f	or the	puri	pose of	soliciting	contri	oution	าร	

	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Avenue N.' Suite 500, South Building City Washington	N. State Zip Code DC 20004	Date of Receipt 09 30 2011 Transaction ID: 2011101710557-2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Senior Vice President Aggregate Year-to-Date ▼ 2250.00	125.00
Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Avenue N.N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (specify)	N. State Zip Code DC 20004 C Occupation Executive Vice President, Clinical Aff Aggregate Year-to-Date ▼ 3749.94	Date of Receipt 09 15 2011 Transaction ID: 2011091516728-3 Amount of Each Receipt this Period 208.33
Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Executive Vice President, Clinical Aff Aggregate Year-to-Date ▼ 3749.94	Date of Receipt 99 30 2011 Transaction ID: 2011101710557-3 Amount of Each Receipt this Period 208.33
SUBTOTAL of Receipts This Page (optional)	>	541.66
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	8	OF	39		
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		13		14		15	16	;	17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) Americas Health Insurance F	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) 1. Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2011091516728-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	\dashv
America's Health Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.06	
Full Name (Last, First, Middle Initial) Dianne Bricker	<u> </u>	Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	State Zin Codo	09 30 2011
City Washington	State Zip Code DC 20004	Transaction ID : 2011101710557-4
	2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Regional Director	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.06	
Full Name (Last, First, Middle Initial) Tracey Carter	·	Date of Receipt
Mailing Address 111 Robert Rd		09 28 2011
City	State Zip Code	Transaction ID : E6BE6FCB3EB0AA4B298
Marlborough	MA 01752-6531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Tufts Health Plan	VP Acturial Services, Pricing and Unde	Ì
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	333.34
TOTAL This Period (last page this line numl	ber only)	

FOR LINE NUMBER: PAGE 9 OF 39 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2011 City Zip Code State Transaction ID: 2011091516728-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) B. Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 30 2011 City State Zip Code Transaction ID: 2011101710557-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 15 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011091516728-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation Public Affairs Manager America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 489.56 Other (specify) 239.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	•	10 OI	F	39
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

		atements may not be sold or used by any person name and address of any political committee to	
\ NA	AME OF COMMITTEE (In Full)		
\	mericas Health Insurance Plans	s PAC (AHIP PAC)	
	Il Name (Last, First, Middle Initial)		Date of Receipt
Ma	ailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		09 30 _ 2011 _
City	,	State Zip Code	Transaction ID : 2011101710557-9
W	ashington	DC 20004	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C	31.25
Na	me of Employer	Occupation	
Am	nerica's Health Insurance Plans	Public Affairs Manager	
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	489.56	
3. <u>L</u> o	Il Name (Last, First, Middle Initial) ois Cornell		Date of Receipt
Ма	ailing Address 31 Farm Hill Rd		M = M / D = D / Y = Y = Y = Y = Y = OO 21
Cit	у	State Zip Code	09 21 2011 Transaction ID : D5EE3EEE34713930082
	atick	MA 01760-5552	Amount of Each Receipt this Period
	EC ID number of contributing		
	deral political committee.	C	500.00
Na	ime of Employer	Occupation	
Tuf	fts Health Plan	Sr VP of HR, General Counsel, Sr. Comp	
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General	00 0	
	Other (specify) ▼	500.00	
	Il Name (Last, First, Middle Initial) Thomas Croswell		Date of Receipt
	ailing Address 40 Wyman Rd		M = M / D = D / Y = Y = Y
Cit	V	State Zip Code	09 28 2011 Transaction ID: 459A6B066605648A027
	exington	MA 02420-3236	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	500.00
Na	me of Employer	Occupation	
Tu	ifts Health Plan	Chief Operating Officer	
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	500.00	
SUB	TOTAL of Receipts This Page (optional)	>	1031.25
TOTA	AL This Period (last page this line number o	nly)	
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		R LINE	PAGE	_ ′	11	OF	39			
Use separate schedule(s) for each category of the	(che	eck only	or	ne)		1		1		
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	Statements may not be sold or used by any pershe name and address of any political committee t	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plants	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Executive Director Insurance Education Aggregate Year-to-Date 1125.00	Date of Receipt 99 15 2011 Transaction ID: 2011091516728-12 Amount of Each Receipt this Period 62.50
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	I.W. State Zip Code DC 20004 C Occupation Executive Director Insurance Education Aggregate Year-to-Date ▼ 1125.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Cynthia Depew Mailing Address 602 Pennsylvania Avenue North Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20005 C Occupation Manager of Media Relations Aggregate Year-to-Date ▼ 374.94	Date of Receipt 09 15 2011 Transaction ID: 2011091516728-13 Amount of Each Receipt this Period 20.83
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	145.83
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Cynthia Depew Date of Receipt Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building 30 2011 City Zip Code State Transaction ID: 2011101710557-13 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Manager of Media Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) B. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) c. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 09 2011 City State Zip Code Transaction ID: 2011101710557-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 39 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2011 City Zip Code State Transaction ID: 2011091516728-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.63 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 30 2011 City State Zip Code Transaction ID: 2011101710557-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2291.63 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 15 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011091516728-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) 447.91 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2011 City Zip Code State Transaction ID: 2011101710557-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, State Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 458.37 Other (specify) Full Name (Last, First, Middle Initial) c. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 09 2011 City State Zip Code Transaction ID: 2011101710557-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, State Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 458.37 Other (specify) 114.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page		×	11a		11b		11c	12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2011 City State Zip Code Transaction ID: 2011091516728-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 federal political committee. Name of Employer Occupation Regional Director America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 487.44 Other (specify) Full Name (Last, First, Middle Initial) **B.** Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 30 2011 City State Zip Code Transaction ID: 2011101710557-19 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	487.44	
Full Name (Last, First, Middle Initial) Aida Guida Mailing Address 2 Moore Rd		Date of Receipt 09 28 2011
City Sudbury	State Zip Code MA 01776-1912	Transaction ID : FD1628719B1EBAE3222 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00
Tufts Health Plans	VP of Finance, Corporate Controller	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 16 OF 39 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2011 City Zip Code State Transaction ID: 2011091516728-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 30 2011 City State Zip Code Transaction ID: 2011101710557-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 458.37 Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER	: PAGI	= 17 OF
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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ins PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Burt Hudson Mailing Address 601 Pennsylvania Avenue N	VW	Date of Receipt
Suite 500, South Building	vv.	09 30 _ 2011 _
City	State Zip Code	Transaction ID : 2011101710557-23
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Client Learning Servi	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	
Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	M = M / D = D / Y = Y = Y	
Suite 500, South Building City	09 15 2011	
Washington	State Zip Code DC 20004	Transaction ID : 2011091516728-24 Amount of Each Receipt this Period
FEC ID number of contributing		Attribute of Each Fleedigt this Feriou
federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1499.94	
Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	W.	M = M / D = D / Y = Y = Y
Suite 500, South Building		09 30 2011
City	State Zip Code	Transaction ID: 2011101710557-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	-
America's Health Insurance Plans	Vice President, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1499.94	
SUBTOTAL of Receipts This Page (optional)	·····	208.33
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Delisa James Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2011 City Zip Code State Transaction ID: 2011101710557-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Professional Programs Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jean Knapp Date of Receipt Mailing Address 59 Hunter Ln 09 28 2011 City State Zip Code Transaction ID: 0EA62286E23FF1491E2 MA Lancaster 01523-3041 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Tufts Health Plan AVP Budgeting & Financial Planning Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Umesh Kurpad Date of Receipt Mailing Address 47 Durham Rd 21 2011 City Zip Code State Transaction ID: BE5A8E021AB053682A7 NJ Skillman 08558-1806 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation CFO Tufts Health Plan Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 770.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	.W.	M M / D D / Y Y Y Y
Suite 500, South Building	7. 0. 1	09 15 2011
City Washington	State Zip Code DC 20004	Transaction ID : 2011091516728-26
	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Vice President, Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	750.00	
Other (specify) ▼	750.06	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	M M / D D / Y Y Y Y	
Suite 500, South Building City	State Zip Code	09 30 2011
Washington	DC 20004	Transaction ID : 2011101710557-26 Amount of Each Receipt this Period
		Amount of Each necelpt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Vice President, Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.06	
Full Name (Last, First, Middle Initial) 2. Jeff Lemieux	1	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	.w.	09 15 2011
City	State Zip Code	Transaction ID : 2011091516728-27
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
America's Health Insurance Plans	Svp, Center for Health Policy & Resear	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)	•	208.34
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2011 City Zip Code State Transaction ID: 2011101710557-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Svp, Center for Health Policy & Resear Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 09 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011101710557-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) 333.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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	y information copied from such Reports and Sta for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)	
Δ.	Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Program Ma		Date of Receipt 99 15 2011 Transaction ID: 2011091516728-29 Amount of Each Receipt this Period 20.83
3.	Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State DC C Occupation Program Ma		Date of Receipt M M J D D J 2011 Transaction ID: 2011101710557-29 Amount of Each Receipt this Period 20.83
5 .	Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (specify)	State DC C Occupation Director of	Zip Code 20004 Human Resources Year-to-Date ▼	Date of Receipt M M J 2011 Transaction ID: 2011091516728-31 Amount of Each Receipt this Period 20.00
s	UBTOTAL of Receipts This Page (optional)		·····	61.66
Т	OTAL This Period (last page this line number o	nly)		

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2011 City Zip Code State Transaction ID: 2011101710557-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 09 2011 City State Zip Code Transaction ID: 2011101710557-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2011 City Zip Code State Transaction ID: 2011091516728-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 30 2011 City State Zip Code Transaction ID: 2011101710557-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) **c.** Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2011 City State Zip Code Transaction ID: 2011091516728-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2011 City Zip Code State Transaction ID: 2011101710557-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) c. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 09 2011 City State Zip Code Transaction ID: 2011101710557-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) 83.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per- ne name and address of any political committee	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Executive Director, Policy Research Aggregate Year-to-Date ▼ 262.44	Date of Receipt 09 15 2011 Transaction ID: 2011091516728-8 Amount of Each Receipt this Period 14.58
Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	.W. State Zip Code DC 20004 C Occupation Executive Director, Policy Research Aggregate Year-to-Date ▼ 262.44	Date of Receipt 99 30 2011 Transaction ID: 2011101710557-8 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Vice President Product Policy Aggregate Year-to-Date ▼ 1875.06	Date of Receipt 09 15 2011 Transaction ID : 2011091516728-40 Amount of Each Receipt this Period 104.17
SUBTOTAL of Receipts This Page (optional)	>	133.33
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	<u> </u>	Date of Receipt 09 30 2011 Transaction ID: 2011101710557-40 Amount of Each Receipt this Period 104.17
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1875.06	Data of Respire
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington	W. State Zip Code DC 20004	Date of Receipt 09 15 2011 Transaction ID: 2011091516728-41 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼	130.47
Other (specify) ▼ Full Name (Last, First, Middle Initial)	2348.46	
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington	W. State Zip Code DC 20004	Date of Receipt 09 30 2011 Transaction ID: 2011101710557-41 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	C Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 2348.46	130.47
SUBTOTAL of Receipts This Page (optional)	>	365.11
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address COA Paragraphysics August N	M/	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	.vv.	M = M / D = D / Y = Y = Y = Y
City Suite 500, South Building	State Zip Code	09 15 2011 Transaction ID : 2011091516728-42
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1499.94	
Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	.W.	M M / D D / Y Y Y Y
Suite 500, South Building City	09 30 2011	
Washington	State Zip Code DC 20004	Transaction ID : 2011101710557-42 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif Hooeipt this Feriod
federal political committee.	C	83.33
Name of Employer	Occupation]
America's Health Insurance Plans	Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1499.94	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		09 15 2011
City Washington	State Zip Code DC 20004	Transaction ID: 2011091516728-43 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	-
America's Health Insurance Plans	SVP, State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1833.37	
SUBTOTAL of Receipts This Page (optional)	•	333.33
TOTAL This Period (last page this line numbe	r only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2011 City Zip Code State Transaction ID: 2011101710557-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Name of Employer Occupation SVP, State Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1833.37 Other (specify) Full Name (Last, First, Middle Initial) B. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) c. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 2011 City State Zip Code Transaction ID: 2011101710557-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) 208.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Sue Rohan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2011 City Zip Code State Transaction ID: 2011091516728-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Programs Receipt For: Aggregate Year-to-Date ▼ Primary General 1499.94 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Rohan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 30 2011 City State Zip Code Transaction ID: 2011101710557-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Programs Receipt For: Aggregate Year-to-Date ▼ Primary General 1499.94 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2011 City State Zip Code Transaction ID: 2011091516728-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 208.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2011 City Zip Code State Transaction ID: 2011101710557-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 09 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011101710557-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Patricia Trebino Date of Receipt Mailing Address 142 Manning St 2011 City Zip Code State Transaction ID: 055C20C7CCA6843C196 Needham MA 02494-1541 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Tufts Health Plan SVP of Operations, CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Tuffin Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 3749.94 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Tuffin Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 09 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011101710557-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 3749.94 Other (specify) 916.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2011 City Zip Code State Transaction ID: 2011091516728-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1499.94 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 30 2011 City State Zip Code Transaction ID: 2011101710557-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1499.94 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Vigil Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 15 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011091516728-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, State Publications Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) 197.91 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 33 OF 39 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Vigil Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2011 30 City Zip Code State Transaction ID: 2011101710557-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, State Publications Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 09 15 2011 City State Zip Code Transaction ID: 2011091516728-55 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Press Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 09 30 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011101710557-55 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.06 Other (specify) 239.59 SUBTOTAL of Receipts This Page (optional)..... 8381.78 TOTAL This Period (last page this line number only).....

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SC	CHEDULE B (FEC Form 3X)			T FOR / 1115	\			PAGE	3//	OF.	39
	EMIZED DISBURSEMENTS		e schedule(s)	FOR LINE I	-		Ľ	AUL	J-t	<u> </u>	00
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or	for commercial purposes, other than using the nam	ie and address	of any politic	al committee to	solicit con	tributions	from	such c	ommi	tee.	
	NAME OF COMMITTEE (In Full)										
$ \rangle$	Americas Health Insurance Plans F	ΡΔC (ΔΗΙΒ	PAC)								
/	Autonoas ricaiur moutanoc Fidilo F	70 (ALIE	1 70)								
	Full Name (Last, First, Middle Initial)										
A.	Citibank				Date of	Disburse	ment				
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	Canada Harris			Category/ Type			_		_ 3	1.74	
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SCHEDULE B (FEC Form 3X)		FOR LIN	E NUMBER	:	PAGE 35 OF 3	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check o	nly one)			
	Detailed Summary Page	X 21		23 28b	24 25 2 28c 29 3	
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Americas Health Insurance Plans I	PAC (AHIP PAC)					
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A. Citibank		f Disbursem	_			
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City Washington	State Zip Code DC 20004		Trans	saction ID:	BD48F21FCD8892E1E7	
Purpose of Disbursement						
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Office Sought: House Disburser	ment For:	Туре	-			
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Office Sought: House Disburser	ment For:	Type	_	7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
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SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 36 OF 39			
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		27	28a 28b 28c 29 30			
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NAME OF COMMITTEE (In Full)	and address of any po	Jilicai committee te	3 Solicit Commissions from Sacri Committee.			
Americas Health Insurance Plans						
Americas Health Insulance Flans	S PAC (ANIP PAC)					
Full Name (Last, First, Middle Initial)						
A. Ben Chandler for Congress	Date of Disbursement					
Mailing Address PO Box 12678			09 21 2011			
City	State Zip Code					
Lexington	KY 40508		Transaction ID: 524497790D4A0FF114E			
Purpose of Disbursement 2012 Primary		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Albert Benjamin Chandler III		Type	1000.00			
Senate President	sement For: 2012 ✓ Primary Genera Other (specify) ▼	al				
State: KY District: 06						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
B. Bob Corker for Senate 2012	Bob Corker for Senate 2012					
Mailing Address 1910 21st Avenue South		09 21 2011				
City	Otata 7:- Cada					
City Nashville	State Zip Code TN 37212		Transaction ID: 2936A64417B78071AA3			
Purpose of Disbursement	0.2.2					
2012 Primary		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	500.00			
Bob Corker		Туре	000.00			
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Full Name (Last, First, Middle Initial)						
C. Charles A. Gonzalez Congression	nal Campaign		Date of Disbursement			
Mailing Address PO Box 12612			09 12 / 2011			
City	State Zip Code					
San Antonio	TX 78212		Transaction ID : A5748EFE22C1F957E08			
Purpose of Disbursement						
2012 Primary		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Charles A. Gonzalez Office Sought: House Disburs	sement For: 2012	Туре				
Senate President	Primary General Other (specify)	al				
State: TX District: 20						
SUBTOTAL of Disbursements This Page (optional)	·····•	2500.00			
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SCHEDULE B (FEC Form 3X)		, FOR LINE	FOR LINE NUMBER: PAGE 37 OF 39							
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Americas Health Insurance Plans	PAC (ΔHIP PAC)									
Americas riealti insurance rians	STAC (AIIII TAC)									
Full Name (Last, First, Middle Initial)										
A. Charles Boustany Jr. Md for Con	Charles Boustany Jr. Md for Congress, Inc.									
Mailing Address PO Box 80126			09 12 7 2011							
City	State Zip Code									
Lafayette	LA 70598		Transaction ID : B46EB6B42AC02EF1AAA							
Purpose of Disbursement										
2012 Primary		011	Amount of Each Disbursement this Period							
Candidate Name		Category/	1000.00							
Charles W. Boustany Jr.		Type	1000.00							
	sement For: 2012									
Senate President	Primary General Other (specify) ▼									
State: LA District: 07	Other (specify)									
Full Name (Last, First, Middle Initial)										
B. Chris Gibson for Congress			Date of Disbursement							
Crine Cibbon for Congress	Child Cibboth for Congress									
Mailing Address PO Box 247	Mailing Address PO Box 247									
City	State Zip Code		Transaction ID : 145CE1ABD1AAAA5D776							
Kinderhook	NY 12106									
Purpose of Disbursement 2012 Primary		011	Amount of Each Disbursement this Period							
Candidate Name			Amount of Each Disbursement this Feriod							
Christopher Patrick Gibson		Category/ Type	500.00							
•	sement For: 2012	.,,,,,								
Senate	Y Primary General									
President	Other (specify) ▼									
State: NY District: 20										
Full Name (Last, First, Middle Initial)										
C. Congressional Black Caucus Page			Date of Disbursement							
Mailing Address 1831 Bay Street SE			09 12 2011							
Mailing Address 1631 Bay Street SE			09 12 2011							
City	State Zip Code		T							
Washington	DC 20003		Transaction ID : B3948E37A5376982020							
Purpose of Disbursement 2011 Contribution		1								
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Candidate Name Congressional Black Caucus Pa	^	Category/	5000.00							
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Senate	Primary General									
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$ \rangle$	Americas Health Insurance Plans F	PAC (AHIP	PAC)									
	7 monedo Ficaliti medianeo Fiano I	710 (711111	1710)									
$\overline{}$	Full Name (Last, First, Middle Initial)											
Α.	Friends of Joe Pitts	Date of	Disburse									
	Mailing Address PO Box 775				09	16		2011	Y			
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	City		p Code		Trans	action ID	: 7D069B95	3118250	A773E			
	Unionville	PA 1	9375		ITALIS	action ib	. 70003030	7110233	A7731			
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	Joseph R. Pitts			Category/ Type				2500	0.00			
	· · · · · · · · · · · · · · · · · · ·	nent For: 2012	2									
		Primary	General									
		Other (specify)	▼									
_	State: PA District: 16											
В.	Full Name (Last, First, Middle Initial) Glacier Pac				Date of	Disburse	ment					
	Glaciel Fac		09 15 2011									
	Mailing Address 3242 Cummins Way											
			p Code		Trans	action ID	: 2F91A90	007C379	9647D0			
	Missoula Purpose of Disbursement	1011 2	9802									
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C.	Heath Shuler for Congress				Date of	Disburse	ment					
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	Mailing Address PO Box 8446				09	2		2011				
	City	State Zi	p Code									
			8814		Trans	action ID	: 9FAD5A5	19EC37	74F5F1			
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SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 39 OF 39
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NAME OF COMMITTEE (In Full)	no and address of any po		
Americas Health Insurance Plans I			
/	TAC (AIIII TAC)		
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Mary Bono Mack Committee			M M / D D / Y Y Y Y
Mailing Address PO Box 3370			09 21 2011
City	State Zip Code		Transaction ID : FCB746C54D740208501
Palm Springs	CA 92263		11ansaction iD . FCB/40C34D/40200301
Purpose of Disbursement 2012 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Mary Bono Mack		Type	1000.00
	ment For: 2012 Primary Genera Other (specify) ▼	al	
State: CA District: 36	Carlot (opcomy)		
Full Name (Last, First, Middle Initial)			
B. Richmond for Congress			Date of Disbursement
Mailing Address 1631 Elysian Fields Suite 150			09 16 2011
New Orleans	State Zip Code LA 70126		Transaction ID : F76087BA3109A5A3C6
Purpose of Disbursement 2012 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Cedric Richmond		Type	1000.00
	ment For: 2012 Primary General Other (specify)	al	
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate President	ment For: Primary Genera Other (specify) ▼		
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